

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	10/590,300-Conf. #7179
		Filing Date	June 21, 2007
		First Named Inventor	Eric T. Fossel
		Examiner Name	I. Y. Treyger
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3761
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. S1509.70037US01	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	23/2825	Deposit Account Name:	Wolf, Greenfield & Sacks, P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)														
Utility	330	165	540	270	220	110	_____														
Design	220	110	100	50	140	70	_____														
Plant	220	110	330	165	170	85	_____														
Reissue	330	165	540	270	650	325	_____														
Provisional	220	110	0	0	0	0	_____														
2. EXCESS CLAIM FEES																					
Fee Description																					
Each claim over 20 (including Reissues) _____																					
Each independent claim over 3 (including Reissues) _____																					
Multiple dependent claims _____																					
<table border="0"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 20 or HP =</td> <td>x</td> <td>=</td> <td>_____</td> </tr> </table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP =	x	=	_____	<table border="0"> <tr> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	_____	_____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
- 20 or HP =	x	=	_____																		
Multiple Dependent Claims																					
Fee (\$)	Fee Paid (\$)																				
_____	_____																				
HP = highest number of total claims paid for, if greater than 20.																					
<table border="0"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td>_____</td> </tr> </table>				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP =	x	=	_____	<table border="0"> <tr> <th colspan="2">Fee (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>				Fee (\$)		_____	_____		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
- 3 or HP =	x	=	_____																		
Fee (\$)																					
_____	_____																				
HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>_____</td> </tr> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/50 =	(round up to a whole number) x	=	_____	<table border="0"> <tr> <th colspan="2">Fees Paid (\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>				Fees Paid (\$)		_____	_____
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
- 100 =	/50 =	(round up to a whole number) x	=	_____																	
Fees Paid (\$)																					
_____	_____																				
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... 405.00)																					

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	52,728	Telephone
Name (Print/Type)	Tani Chen, Sc.D.		Date	617.646.8000	

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: <u>Aug. 6, 2010</u>	Signature: <u>Darcielle Calder</u>